

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/18/2020 12:49	Unit: R02

Exam:**Cardiovascular****Observation**

Yes: Within Normal Limits

Gastrointestinal**General**

Yes: Within Normal Limits

No: Diarrhea, Vomiting

ASSESSMENT:

No Significant Findings/No Apparent Distress

This 72 yo male patient is being evaluated this AM for COVID-19.

IM is isolated in unit 5851. He ambulates with a steady gait. AAOx3. VS Stable. Skin pwd, He denies SOB, cough, diarrhea, n/v. He is in no acute distress. Respirations are clear and unlabored. He has no neurological deficit. PERRLA. Inmate denies any injury. Inmate specifically denies loss of consciousness, nausea, vomiting, unilateral weakness, abdominal pain, headache, blurred vision, throat pain, and malaise. Inmate denies head, neck and back pain. Inmate denies trauma. Inmate denies PREA questions. PCPT/MD notified of assessment. Inmate will continue to be monitored by HSU staff. Inmate was instructed to notify HSU staff if symptoms worsen.

PLAN:**Disposition:**

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/18/2020	Counseling	Access to Care	Pugliese, Nicole	Verbalizes Understanding
06/18/2020	Counseling	Plan of Care	Pugliese, Nicole	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Pugliese, Nicole RN on 06/18/2020 12:54

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Turner-Foster, Nicoletta MD/CD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Sex:	M
Encounter Date:	06/18/2020 12:49	Provider:	Pugliese, Nicole RN
		Race:	WHITE
		Facility:	FTD

Cosigned by Chinwalla, F. DO on 06/22/2020 14:20.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/17/2020 10:02	Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Pugliese, Nicole RN

Chief Complaint: INFECTIOUS DISEASE

Subjective: Inmate BASRALIAN is a 72 yo male patient is being evaluated this AM for COVID-19. He is currently in isolation in unit 5851.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/17/2020	09:04 FTD	97.7	36.5	Forehead	Orapello, Brian RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/17/2020	09:04 FTD	60	Via Machine	Regular	Orapello, Brian RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/17/2020	09:04 FTD	18	Orapello, Brian RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/17/2020	09:04 FTD	147/80	Left Arm	Sitting	Adult-regular	Orapello, Brian RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/17/2020	09:04 FTD	98	Room Air	Orapello, Brian RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert & Oriented to Person

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Mouth

Mucosa

Yes: Within Normal Limits

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/17/2020 10:02	Unit: R02

Exam:**Cardiovascular****Observation**

Yes: Within Normal Limits

Gastrointestinal**General**

Yes: Within Normal Limits

No: Diarrhea, Vomiting

ASSESSMENT:

No Significant Findings/No Apparent Distress

This 72 yo male patient is being evaluated this AM for COVID-19.

IM is isolated in unit 5851. He ambulates with a steady gait. AAOx3. VS Stable. Skin pwd, He denies SOB, cough, diarrhea, n/v. He is in no acute distress. Respirations are clear and unlabored. He has no neurological deficit. PERRLA. Inmate denies any injury. Inmate specifically denies loss of consciousness, nausea, vomiting, unilateral weakness, abdominal pain, headache, blurred vision, throat pain, and malaise. Inmate denies head, neck and back pain. Inmate denies trauma. Inmate denies PREA questions. PCPT/MD notified of assessment. Inmate will continue to be monitored by HSU staff. Inmate was instructed to notify HSU staff if symptoms worsen.

PLAN:**Disposition:**

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/17/2020	Counseling	Access to Care	Pugliese, Nicole	Verbalizes Understanding
06/17/2020	Counseling	Plan of Care	Pugliese, Nicole	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Pugliese, Nicole RN on 06/17/2020 10:04

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/17/2020 10:02	Provider:	Pugliese, Nicole RN
		Facility:	FTD

Cosigned by Chinwalla, F. DO on 06/19/2020 07:16.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/16/2020 09:38	Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Hernandez, Jessica RN

Chief Complaint: No Complaint(s)

Subjective: Evaluation of isolated covid-19 IM

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/16/2020	09:39 FTD	97.9	36.6		Hernandez, Jessica RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/16/2020	09:39 FTD	60			Hernandez, Jessica RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/16/2020	09:39 FTD	18	Hernandez, Jessica RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/16/2020	09:39 FTD	136/82				Hernandez, Jessica RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/16/2020	09:39 FTD	98	Room Air	Hernandez, Jessica RN

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Respiratory Distress

ASSESSMENT:

No Significant Findings/No Apparent Distress

IM denies any covid-19 like symptoms at this time and remains asymptomatic. IM aaox4 appears in no acute distress, denies headache, denies dizziness, mucosa pink and moist, respirations even and unlabored, denies chest pain, denies cough, denies SOB, denies diarrhea, voiding with no difficulty, skin w/d. Ambulatory with a steady gait around isolated

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/16/2020 09:38	Unit: R02

housing unit. IM encouraged to stay well hydrated via oral intake and continue activity as tolerated.

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/16/2020	Counseling	Access to Care	Hernandez, Jessica	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Hernandez, Jessica RN on 06/16/2020 09:41

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Sex:	M
Encounter Date:	06/16/2020 09:38	Provider:	Hernandez, Jessica RN
		Race:	WHITE
		Facility:	FTD

Cosigned by Chinwalla, F. DO on 06/16/2020 15:15.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/15/2020 10:02	Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Hernandez, Jessica RN

Chief Complaint: No Complaint(s)

Subjective: Evaluation of isolated covid-19 positive IM

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/15/2020	10:02 FTD	97.6	36.4		Hernandez, Jessica RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/15/2020	10:02 FTD	60			Hernandez, Jessica RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/15/2020	10:02 FTD	18	Hernandez, Jessica RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/15/2020	10:02 FTD	125/71				Hernandez, Jessica RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/15/2020	10:02 FTD	100	Room Air	Hernandez, Jessica RN

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Respiratory Distress

ASSESSMENT:

No Significant Findings/No Apparent Distress

IM denies any covid-19 like symptoms at this time and remains asymptomatic. IM aaox4 appears in no acute distress, denies headache, denies dizziness, mucosa pink and moist, respirations even and unlabored, denies chest pain, denies cough, denies SOB, denies diarrhea, voiding with no difficulty, skin w/d. Ambulatory with a steady gait around isolated

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/15/2020 10:02	Unit: R02

housing unit. IM encouraged to stay well hydrated via oral intake and continue activity as tolerated.

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/15/2020	Counseling	Access to Care	Hernandez, Jessica	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Hernandez, Jessica RN on 06/15/2020 10:04

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/15/2020 10:02	Facility:	FTD
Sex:	M		
Provider:	Hernandez, Jessica RN		

Cosigned by Chinwalla, F. DO on 06/15/2020 14:13.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Sex: M	Race: WHITE	Reg #: 71610-050
Date of Birth: 07/02/1947	Provider: Pugliese, Nicole RN	Facility: FTD	
Encounter Date: 06/14/2020 10:58		Unit: R02	

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Pugliese, Nicole RN

Chief Complaint: INFECTIOUS DISEASE

Subjective: Inmate BASRALIAN is a 72 yo male patient is being evaluated this AM for COVID-19. He is currently in isolation in unit 5851.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/14/2020	10:58 FTD	97.0	36.1		Pugliese, Nicole RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/14/2020	10:58 FTD	71			Pugliese, Nicole RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/14/2020	10:58 FTD	17	Pugliese, Nicole RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/14/2020	10:58 FTD	130/76				Pugliese, Nicole RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/14/2020	10:58 FTD	98	Room Air	Pugliese, Nicole RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Mouth

Mucosa

Yes: Within Normal Limits

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/14/2020 10:58	Unit: R02

Exam:**Cardiovascular****Observation**

Yes: Within Normal Limits

Gastrointestinal**General**

Yes: Within Normal Limits

No: Diarrhea, Vomiting

ASSESSMENT:

No Significant Findings/No Apparent Distress

This 72 yo male patient is being evaluated this AM for COVID-19.

IM is isolated in unit 5851. He ambulates with a steady gait. AAOx3. VS Stable. Skin pwd, He denies SOB, cough, diarrhea, n/v. He is in no acute distress. Respirations are clear and unlabored. He has no neurological deficit. PERRLA. Inmate denies any injury. Inmate specifically denies loss of consciousness, nausea, vomiting, unilateral weakness, abdominal pain, headache, blurred vision, throat pain, and malaise. Inmate denies head, neck and back pain. Inmate denies trauma. Inmate denies PREA questions. PCPT/MD notified of assessment. Inmate will continue to be monitored by HSU staff. Inmate was instructed to notify HSU staff if symptoms worsen.

PLAN:**Disposition:**

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/14/2020	Counseling	Access to Care	Pugliese, Nicole	Verbalizes Understanding
06/14/2020	Counseling	Plan of Care	Pugliese, Nicole	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Pugliese, Nicole RN on 06/14/2020 11:01

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Turner-Foster, Nicoletta MD/CD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/14/2020 10:58	Facility:	FTD

Cosigned by Chinwalla, F. DO on 06/16/2020 08:43.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/14/2020 10:58	Facility:	FTD

Reviewed by Turner-Foster, Nicoletta MD/CD on 06/17/2020 12:00.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Sex: M	Race: WHITE	Reg #: 71610-050
Date of Birth: 07/02/1947			Facility: FTD
Encounter Date: 06/13/2020 10:48		Provider: Pugliese, Nicole RN	Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Pugliese, Nicole RN

Chief Complaint: INFECTIOUS DISEASE

Subjective: Inmate BASRALIAN is a 72 yo male patient is being evaluated this AM for COVID-19. He is currently in isolation in unit 5851.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/13/2020	10:43 FTD	97.5	36.4	Forehead	Orapello, Brian RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/13/2020	10:43 FTD	60	Via Machine	Regular	Orapello, Brian RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/13/2020	10:43 FTD	18	Orapello, Brian RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/13/2020	10:43 FTD	112/68	Left Arm	Sitting	Adult-regular	Orapello, Brian RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/13/2020	10:43 FTD	96	Room Air	Orapello, Brian RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Mouth

Mucosa

Yes: Within Normal Limits

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/13/2020 10:48	Unit: R02

Exam:**Cardiovascular****Observation**

Yes: Within Normal Limits

Gastrointestinal**General**

Yes: Within Normal Limits

No: Diarrhea, Vomiting

ASSESSMENT:**No Significant Findings/No Apparent Distress**

This 72 yo male patient is being evaluated this AM for COVID-19.

IM is isolated in unit 5851. He ambulates with a steady gait. AAOx3. VS Stable. Skin pwd, He denies SOB, cough, diarrhea, n/v. He is in no acute distress. Respirations are clear and unlabored. He has no neurological deficit. PERRLA. Inmate denies any injury. Inmate specifically denies loss of consciousness, nausea, vomiting, unilateral weakness, abdominal pain, headache, blurred vision, throat pain, and malaise. Inmate denies head, neck and back pain. Inmate denies trauma. Inmate denies PREA questions. PCPT/MD notified of assessment. Inmate will continue to be monitored by HSU staff. Inmate was instructed to notify HSU staff if symptoms worsen.

PLAN:**Disposition:**

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/13/2020	Counseling	Plan of Care	Pugliese, Nicole	Verbalizes Understanding
06/13/2020	Counseling	Access to Care	Pugliese, Nicole	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Pugliese, Nicole RN on 06/13/2020 10:50

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Turner-Foster, Nicoletta MD/CD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY		Reg #:	71610-050	
Date of Birth:	07/02/1947	Sex:	M	Race:	WHITE
Encounter Date:	06/13/2020 10:48	Provider:	Pugliese, Nicole RN	Facility:	FTD

Cosigned by Chinwalla, F. DO on 06/13/2020 12:13.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/13/2020 10:48	Provider:	Pugliese, Nicole RN
		Facility:	FTD

Reviewed by Turner-Foster, Nicoletta MD/CD on 06/17/2020 12:06.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY
Date of Birth: 07/02/1947
Encounter Date: 06/12/2020 12:49

Sex: M Race: WHITE
Provider: Pugliese, Nicole RN

Reg #: 71610-050
Facility: FTD
Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Pugliese, Nicole RN

Chief Complaint: INFECTIOUS DISEASE

Subjective: Inmate BASRALIAN is a 72 yo male patient is being evaluated this AM for COVID-19. He is currently in isolation in unit 5851.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/12/2020	12:49 FTD	97.6	36.4		Pugliese, Nicole RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/12/2020	12:49 FTD	57			Pugliese, Nicole RN

Respirations:

Date	Time	Rate Per Minute	Provider
06/12/2020	12:49 FTD	16	Pugliese, Nicole RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/12/2020	12:49 FTD	130/77				Pugliese, Nicole RN

SaO2:

Date	Time	Value(%)	Air	Provider
06/12/2020	12:49 FTD	97	Room Air	Pugliese, Nicole RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Mouth

Mucosa

Yes: Within Normal Limits

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/12/2020 12:49	Unit: R02

Exam:**Cardiovascular****Observation**

Yes: Within Normal Limits

Gastrointestinal**General**

Yes: Within Normal Limits

No: Diarrhea, Vomiting

ASSESSMENT:

No Significant Findings/No Apparent Distress

This 72 yo male patient is being evaluated this AM for COVID-19.

IM is isolated in unit 5851. He ambulates with a steady gait. AAOx3. VS Stable. Skin pwd, He denies SOB, cough, diarrhea, n/v. He is in no acute distress. Respirations are clear and unlabored. He has no neurological deficit. PERRLA. Inmate denies any injury. Inmate specifically denies loss of consciousness, nausea, vomiting, unilateral weakness, abdominal pain, headache, blurred vision, throat pain, and malaise. Inmate denies head, neck and back pain. Inmate denies trauma. Inmate denies PREA questions. PCPT/MD notified of assessment. Inmate will continue to be monitored by HSU staff. Inmate was instructed to notify HSU staff if symptoms worsen.

PLAN:**Disposition:**

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/12/2020	Counseling	Access to Care	Pugliese, Nicole	Verbalizes Understanding
06/12/2020	Counseling	Plan of Care	Pugliese, Nicole	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Pugliese, Nicole RN on 06/12/2020 12:52

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Turner-Foster, Nicoletta MD/CD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/12/2020 12:49	Facility:	FTD

Cosigned by Chinwalla, F. DO on 06/13/2020 12:24.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/12/2020 12:49	Facility:	FTD

Reviewed by Turner-Foster, Nicoletta MD/CD on 06/17/2020 12:09.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Sex: M	Race: WHITE	Reg #: 71610-050
Date of Birth: 07/02/1947	Provider: Hernandez, Jessica RN		Facility: FTD
Encounter Date: 06/11/2020 11:31			Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Hernandez, Jessica RN

Chief Complaint: No Complaint(s)

Subjective: Evaluation of isolated covid-19 positive IM

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/11/2020	11:30 FTD	97.9	36.6		Hernandez, Jessica RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/11/2020	11:30 FTD	55			Hernandez, Jessica RN

Respirations:

Date	Time	Rate Per Minute	Provider
06/11/2020	11:30 FTD	18	Hernandez, Jessica RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/11/2020	11:30 FTD	130/86				Hernandez, Jessica RN

SaO2:

Date	Time	Value(%) Air	Provider
06/11/2020	11:30 FTD	98 Room Air	Hernandez, Jessica RN

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Respiratory Distress

ASSESSMENT:

No Significant Findings/No Apparent Distress

IM denies any covid-19 like symptoms at this time and remains asymptomatic. IM aaox4 appears in no acute distress, denies headache, denies dizziness, mucosa pink and moist, respirations even and unlabored, denies chest pain, denies cough, denies SOB, denies diarrhea, voiding with no difficulty, skin w/d. Ambulatory with a steady gait around isolated

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/11/2020 11:31	Unit: R02

housing unit. IM encouraged to stay well hydrated via oral intake and continue activity as tolerated.

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/11/2020	Counseling	Access to Care	Hernandez, Jessica	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Hernandez, Jessica RN on 06/11/2020 11:33
Requested to be cosigned by Turner-Foster, Nicoletta MD/CD.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/11/2020 11:31	Provider:	Hernandez, Jessica RN
		Facility:	FTD

Cosigned by Turner-Foster, Nicoletta MD/CD on 06/11/2020 15:47.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/10/2020 12:22	Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Hernandez, Jessica RN

Chief Complaint: No Complaint(s)

Subjective: Evaluation of isolated covid-19 positive IM

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/10/2020	12:23 FTD	98.2	36.8		Hernandez, Jessica RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/10/2020	12:23 FTD	60			Hernandez, Jessica RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/10/2020	12:23 FTD	18	Hernandez, Jessica RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/10/2020	12:23 FTD	136/77				Hernandez, Jessica RN

SaO₂:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/10/2020	12:23 FTD	98	Room Air	Hernandez, Jessica RN

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Respiratory Distress

ASSESSMENT:

No Significant Findings/No Apparent Distress

IM denies any covid-19 like symptoms at this time and remains asymptomatic. IM aaox4 appears in no acute distress, denies headache, denies dizziness, mucosa pink and moist, respirations even and unlabored, denies chest pain, denies cough, denies SOB, denies diarrhea, voiding with no difficulty, skin w/d. Ambulatory with a steady gait around isolated

Inmate Name:	BASRALIAN, GARY		
Date of Birth:	07/02/1947	Sex:	M
Encounter Date:	06/10/2020 12:22	Race:	WHITE
		Provider:	Hernandez, Jessica RN
		Reg #:	71610-050
		Facility:	FTD
		Unit:	R02

housing unit. IM encouraged to stay well hydrated via oral intake and continue activity as tolerated.

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/10/2020	Counseling	Access to Care	Hernandez, Jessica	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hernandez, Jessica RN on 06/10/2020 12:25

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/10/2020 12:22	Provider:	Hernandez, Jessica RN
		Facility:	FTD

Cosigned by Chinwalla, F. DO on 06/10/2020 13:09.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/09/2020 09:45	Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Pugliese, Nicole RN

Chief Complaint: INFECTIOUS DISEASE

Subjective: Inmate BASRALIAN is a 72 yo male patient is being evaluated this AM for COVID-19. He is currently in isolation in unit 5851.

Pain: No

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/09/2020	09:45 FTD	67			Pugliese, Nicole RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Mouth

Mucosa

Yes: Within Normal Limits

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Gastrointestinal

General

Yes: Within Normal Limits

No: Diarrhea, Vomiting

ASSESSMENT:

No Significant Findings/No Apparent Distress

This 72 yo male patient is being evaluated this AM for COVID-19.

IM is isolated in unit 5851. He ambulates with a steady gait. AAOx3. VS Stable. Skin pwd, He denies SOB, cough, diarrhea, n/v. He is in no acute distress. Respirations are clear and unlabored. He has no neurological deficit. PERRLA. Inmate denies any injury. Inmate specifically denies loss of consciousness, nausea, vomiting, unilateral weakness, abdominal pain, headache, blurred vision, throat pain, and malaise. Inmate denies head, neck and back pain. Inmate

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/09/2020 09:45	Unit: R02

denies trauma. Inmate denies PREA questions. PCPT/MD notified of assessment. Inmate will continue to be monitored by HSU staff. Inmate was instructed to notify HSU staff if symptoms worsen.

PLAN:

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Pugliese, Nicole RN on 06/09/2020 09:47

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Sex: M Race: WHITE	Reg #: 71610-050
Date of Birth: 07/02/1947	Provider: Pugliese, Nicole RN	Facility: FTD
Encounter Date: 06/09/2020 09:38		Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Pugliese, Nicole RN

Chief Complaint: INFECTIOUS DISEASE

Subjective: Inmate BASRALIAN is a 72 yo male patient is being evaluated this AM for COVID-19. He is currently isolation in unit 5851.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/09/2020	09:39 FTD	97.2	36.8		Pugliese, Nicole RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/09/2020	09:39 FTD	79			Pugliese, Nicole RN

Respirations:

Date	Time	Rate Per Minute	Provider
06/09/2020	09:39 FTD	17	Pugliese, Nicole RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/09/2020	09:39 FTD	118/78				Pugliese, Nicole RN

SaO2:

Date	Time	Value(%) Air	Provider
06/09/2020	09:39 FTD	98 Room Air	Pugliese, Nicole RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Mouth

Mucosa

Yes: Within Normal Limits

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/09/2020 09:38	Unit: R02

Exam:**Cardiovascular****Observation**

Yes: Within Normal Limits

Gastrointestinal**General**

Yes: Within Normal Limits

No: Diarrhea, Vomiting

ASSESSMENT:

No Significant Findings/ No Apparent Distress

This 72 yo male patient is being evaluated this AM for COVID-19.

IM is isolated in unit 500. He ambulates with a steady gait. AAOx3. VS Stable. Skin pwd, He denies SOB, cough, diarrhea, n/v. He is in no acute distress. Respirations are clear and unlabored. He has no neurological deficit. PERRLA. Inmate denies any injury. Inmate specifically denies loss of consciousness, nausea, vomiting, unilateral weakness, abdominal pain, headache, blurred vision, throat pain, and malaise. Inmate denies head, neck and back pain. Inmate denies trauma. Inmate denies PRN questions. PCPT/MD notified of assessment. Inmate will continue to be monitored by HSU staff. Inmate was instructed to notify HSU staff if symptoms worsen.

PLAN:**Disposition:**

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/09/2020	Counseling	Access to Care	Pugliese, Nicole	Verbalizes Understanding
06/09/2020	Counseling	Plan of Care	Pugliese, Nicole	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Pugliese, Nicole RN on 06/09/2020 09:42

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Turner-Foster, Nicoletta MD/CD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Sex: M Race: WHITE	Reg #: 71610-050
Date of Birth: 07/02/1947	Provider: Pugliese, Nicole RN	Facility: FTD
Encounter Date: 06/09/2020 09:38		Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Pugliese, Nicole RN

Chief Complaint: INFECTIOUS DISEASE

Subjective: Inmate BASRALIAN is a 72 yo male patient is being evaluated this AM for COVID-19. He is currently isolation in unit 5851.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/09/2020	09:39 FTD	97.2	36.8		Pugliese, Nicole RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/09/2020	09:39 FTD	79			Pugliese, Nicole RN

Respirations:

Date	Time	Rate Per Minute	Provider
06/09/2020	09:39 FTD	17	Pugliese, Nicole RN

Blood Pressure:

Date	Time	Value	Location	Position	Sphygmomanometer	Provider
06/09/2020	09:39 FTD	118/78				Pugliese, Nicole RN

SaO2:

Date	Time	Value(%)	Air	Provider
06/09/2020	09:39 FTD	98	Room Air	Pugliese, Nicole RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Mouth

Mucosa

Yes: Within Normal Limits

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/09/2020 09:38	Unit: R02

Exam:**Cardiovascular****Observation**

Yes: Within Normal Limits

Gastrointestinal**General**

Yes: Within Normal Limits

No: Diarrhea, Vomiting

ASSESSMENT:

No Significant Findings/no Apparent Distress

This 72 yo male patient is being evaluated this AM for COVID-19.

IM is isolated in unit 500. He ambulates with a steady gait. AAOx3. VS Stable. Skin p/wd, He denies SOB, cough, diarrhea, n/v. He is in no acute distress. Respirations are clear and unlabored. He has no neurological deficit. PERRLA. Inmate denies any injury. Inmate specifically denies loss of consciousness, nausea, vomiting, unilateral weakness, abdominal pain, headache, blurred vision, throat pain, and malaise. Inmate denies head, neck and back pain. Inmate denies trauma. Inmate denies PR questions. PCPT/MD notified of assessment. Inmate will continue to be monitored by HSU staff. Inmate was instructed to notify HSU staff if symptoms worsen.

PLAN:**Disposition:**

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/09/2020	Counseling	Access to Care	Pugliese, Nicole	Verbalizes Understanding
06/09/2020	Counseling	Plan of Care	Pugliese, Nicole	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Pugliese, Nicole RN on 06/09/2020 09:42

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Turner-Foster, Nicoletta MD/CD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
See Amendment**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/09/2020 09:45	Facility:	FTD

Amendment made to this note by Pugliese, Nicole RN on 06/09/2020 09:47.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/09/2020 09:38	Facility:	FTD
Sex:	M		
Provider:	Pugliese, Nicole RN		

Cosigned by Chinwalla, F. DO on 06/09/2020 17:28.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Sex: M Race: WHITE	Reg #: 71610-050
Date of Birth: 07/02/1947		Facility: FTD
Encounter Date: 06/08/2020 11:48	Provider: Orapello, Brian RN	Unit: R02

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Orapello, Brian RN

Chief Complaint: INFECTIOUS DISEASE

Subjective: 72 yo male patient is being evaluated this AM for COVID-19. He is currently in isolation in unit 5851. Today he has no complaints.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/08/2020	11:48 FTD	98.0	36.7	Forehead	Orapello, Brian RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/08/2020	11:48 FTD	68	Via Machine	Regular	Orapello, Brian RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/08/2020	11:48 FTD	16	Orapello, Brian RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/08/2020	11:48 FTD	113/75	Left Arm	Sitting	Adult-regular	Orapello, Brian RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/08/2020	11:48 FTD	97	Room Air	Orapello, Brian RN

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Gastrointestinal

General

Yes: Within Normal Limits

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/08/2020 11:48	Unit: R02

Exam:**Genitourinary****General**

Yes: Within Normal Limits

ASSESSMENT:

Other

72 yo male patient is being evaluated this AM for COVID-19.

IM denies any covid-19 like symptoms and is asymptomatic at this time. He has no complaints today.

IM is isolated in unit 5851. IM aaox3 appears in no acute distress, facial symmetry noted, grasps equal, mucosa pink and moist, respirations even and unlabored, denies SOB, denies diarrhea, voiding with no difficulty, skin w/p/d. Ambulatory with a steady gait around isolated housing unit. IM encouraged to stay well hydrated via oral intake and continue activity as tolerated. PCPT/MD notified of assessment. Inmate will continue to be monitored by HSU staff.

Inmate was instructed to notify HSU staff if he develops symptoms.

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/08/2020	Counseling	Access to Care	Orapello, Brian	Verbalizes Understanding
06/08/2020	Counseling	Plan of Care	Orapello, Brian	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes By: Chinwalla, F. DO

Telephone or Verbal order read back and verified.

Completed by Orapello, Brian RN on 06/08/2020 11:50

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Turner-Foster, Nicoletta MD/CD.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/08/2020 11:48	Facility:	FTD

Cosigned by Chinwalla, F. DO on 06/22/2020 17:28.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Sex: M	Race: WHITE	Reg #: 71610-050
Date of Birth: 07/02/1947			Facility: FTD
Encounter Date: 06/07/2020 10:33		Provider: Hernandez, Jessica RN	Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Hernandez, Jessica RN

Chief Complaint: No Complaint(s)

Subjective: Evaluation of isolated covid-19 positive IM

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/07/2020	10:33 FTD	97.6	36.4		Hernandez, Jessica RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/07/2020	10:33 FTD	63			Hernandez, Jessica RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/07/2020	10:33 FTD	18	Hernandez, Jessica RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/07/2020	10:33 FTD	147/77				Hernandez, Jessica RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/07/2020	10:33 FTD	98	Room Air	Hernandez, Jessica RN

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Respiratory Distress

ASSESSMENT:

No Significant Findings/No Apparent Distress

IM denies any covid-19 like symptoms at this time and denies mouth ulcers today. IM aaox4 appears in no acute distress, denies headache, denies dizziness, mucosa pink and moist, respirations even and unlabored, denies chest pain, denies cough, denies SOB, denies diarrhea, voiding with no difficulty, skin w/d. Ambulatory with a steady gait

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/07/2020 10:33	Unit: R02

around isolated housing unit. IM encouraged to stay well hydrated via oral intake and continue activity as tolerated.

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/07/2020	Counseling	Access to Care	Hernandez, Jessica	Verbalizes Understanding

Copay Required:No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Hernandez, Jessica RN on 06/07/2020 10:36

Requested to be cosigned by Turner-Foster, Nicoletta MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/07/2020 10:33	Provider:	Hernandez, Jessica RN
		Facility:	FTD

Cosigned by Turner-Foster, Nicoletta MD/CD on 06/09/2020 17:06.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Sex:	M
Note Date:	06/06/2020 15:20	Race:	WHITE
		Provider:	Turner-Foster, Nicoletta
		Facility:	FTD
		Unit:	R02

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Turner-Foster, Nicoletta MD/CD

06/02/2020 SARS-CoV-2 is NEGATIVE

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Turner-Foster, Nicoletta MD/CD on 06/06/2020 15:20

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/06/2020 12:17	Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Hernandez, Jessica RN

Chief Complaint: Other Problem

Subjective: Evaluation of isolated covid-19 positive IM

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/06/2020	12:17 FTD	98.1	36.7		Hernandez, Jessica RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/06/2020	12:17 FTD	68			Hernandez, Jessica RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/06/2020	12:17 FTD	18	Hernandez, Jessica RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/06/2020	12:17 FTD	146/85				Hernandez, Jessica RN

SaO₂:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/06/2020	12:17 FTD	97	Room Air	Hernandez, Jessica RN

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Respiratory Distress

ASSESSMENT:

Ulcers-Intraoral and/or Lip

IM c/o mouth sores that he admits started 4 days ago; however, he states they are improving. IM aaox4 appears in no acute distress, denies headache, denies dizziness, mucosa pink and moist, respirations even and unlabored, denies chest pain, denies cough, denies SOB, denies diarrhea, voiding with no difficulty, skin w/d. Ambulatory with a steady gait

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/06/2020 12:17	Unit: R02

around isolated housing unit. IM encouraged to stay well hydrated via oral intake and continue activity as tolerated.

PLAN:

Disposition:

To be Evaluated by Provider

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/06/2020	Counseling	Access to Care	Hernandez, Jessica	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hernandez, Jessica RN on 06/06/2020 12:21

Requested to be cosigned by Turner-Foster, Nicoletta MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/06/2020 12:17	Provider:	Hernandez, Jessica RN
		Facility:	FTD

Cosigned with New Encounter Note by Turner-Foster, Nicoletta MD/CD on 06/06/2020 15:19.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BASRALIAN, GARY	Sex: M	Race: WHITE	Reg #: 71610-050
Date of Birth: 07/02/1947			Facility: FTD
Encounter Date: 06/05/2020 10:35		Provider: Hernandez, Jessica RN	Unit: R02

Nursing - Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Hernandez, Jessica RN

Chief Complaint: No Complaint(s)

Subjective: Evaluation of isolated covid-19 positive IM

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
06/05/2020	10:35 FTD	97.5	36.4		Hernandez, Jessica RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
06/05/2020	10:35 FTD	63			Hernandez, Jessica RN

Respirations:

Date	Time	Rate Per Minute	Provider
06/05/2020	10:35 FTD	18	Hernandez, Jessica RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
06/05/2020	10:35 FTD	146/72				Hernandez, Jessica RN

SaO₂:

Date	Time	Value(%)	Air	Provider
06/05/2020	10:35 FTD	97	Room Air	Hernandez, Jessica RN

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Respiratory Distress

ASSESSMENT:

No Significant Findings/No Apparent Distress

IM denies any covid-19 like symptoms at this time and remains asymptomatic. IM aaox4 appears in no acute distress, denies headache, denies dizziness, mucosa pink and moist, respirations even and unlabored, denies chest pain, denies cough, denies SOB, denies diarrhea, voiding with no difficulty, skin w/d. Ambulatory with a steady gait around isolated

Inmate Name: BASRALIAN, GARY	Reg #: 71610-050
Date of Birth: 07/02/1947	Facility: FTD
Encounter Date: 06/05/2020 10:35	Unit: R02

housing unit. IM encouraged to stay well hydrated via oral intake and continue activity as tolerated.

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/05/2020	Counseling	Access to Care	Hernandez, Jessica	Verbalizes Understanding

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Hernandez, Jessica RN on 06/05/2020 10:37

Requested to be cosigned by Chinwalla, F. DO.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	BASRALIAN, GARY	Reg #:	71610-050
Date of Birth:	07/02/1947	Race:	WHITE
Encounter Date:	06/05/2020 10:35	Facility:	FTD
Sex:	M		
Provider:	Hernandez, Jessica RN		

Cosigned by Chinwalla, F. DO on 08/03/2020 14:18.